## DO NOT ATTACH PAYMENT TO THIS SCHEDULE

CALIFORNIA SCHEDULE

2010

## **Wage and Tax Statement**

W-2

Important: Attach this form to th	e back of your Forms	s 540/540A, 540 2EZ, or Form 540l	NR (Long or Short).
Name(s) as shown on return	-	SSN or ITIN	
			_
Caution: If this form is filled out do not send	your Form(s) W-2 to the Fr	anchise Tax Board. If your Form(s) W-2 are fro	m multiple states
		ch Form(s) 592-B, 593, and 1099. If this sche	
Form(s) W-2 to the lower front of your tax ret	urn.		•
Taxpayer W-2 information.			
1st W-2		2nd W-2	
Social Security Number (box a)		Social Security Number (box a)	
Employer ID Number (EIN) (box b)		Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)		State & Employer's State ID Number (box 15)	
Employer Name (box c)		Employer Name (box c)	
State Wages, Tips, etc. (box 16)		State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)		CA State Income Tax (box 17)	
Social Security Wages (box 3)		Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)		SDI/VPDI (Local Income Tax) (box 14 or 19)	
3rd W-2		4th W-2	
Social Security Number (box a)		Social Security Number (box a)	
Employer ID Number (EIN) (box b)		Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)		State & Employer's State ID Number (box 15)	
Employer Name (box c)		Employer Name (box c)	
State Wages, Tips, etc. (box 16)		State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)		CA State Income Tax (box 17)	
Social Security Wages (box 3)		Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)		SDI/VPDI (Local Income Tax) (box 14 or 19)	
Spouse/RDP W-2 information.			
1st W-2		2nd W-2	
Social Security Number (box a)		Social Security Number (box a)	
Employer ID Number (EIN) (box b)		Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)		State & Employer's State ID Number (box 15)	
Employer Name (box c)		Employer Name (box c)	
State Wages, Tips, etc. (box 16)		State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)		CA State Income Tax (box 17)	
Social Security Wages (box 3)		Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)		SDI/VPDI(Local Income Tax) (box 14 or 19)	
3rd W-2		4th W-2	
Social Security Number (box a)		Social Security Number (box a)	
Employer ID Number (EIN) (box b)		Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)		State & Employer's State ID Number (box 15)	1
Employer Name (box c)		Employer Name (box c)	
State Wages, Tips, etc. (box 16)		State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)		CA State Income Tax (box 17)	
Social Security Wages (box 3)		Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)		SDI/VPDI (Local Income Tax) (box 14 or 19)	
1. Total state wages from the Form(s) W-2	for taypayer (Add hoy 16	from all Form(s) W-2 for taypayer)	
For nonresidents or part-year residents, enter	. , ,	( ) ( ) ( )	
(Add box 16 from all Form(s) W-2 for taxpayer)			\$
		x 16 from all Form(s) W-2 for spouse/RDP)	
For nonresidents or part-year residents, enter			•
			\$
3. Total California Wages from all Form(s)			
line 9; Form 540 or Form 540NR (Long	y or Shorty, line 12. If con	npieting Form 540x, orted on your original tax return.)	\$
Toportuny II 2 moonie on mie 1a, coi	amin b, mai was not repo	Tion on your original tax retains,	Ψ